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| APPLICATION NO. | PPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/625,152 07/23/2003 TITLE OF INVENTION: USE OF BENZOTHIOPENES TO TREAT AN | | | David B. Agus D PREVENT PROSTAT | 67789-19 ATE CANCER | | | 1369 | |
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| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | PREV. PAID ISSU | E FEE TO | TAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$720 | \$300 | \$0 | | \$1020 | 07/17/2008 | |
| EXAMINER ART UNIT | | CLASS-SUBCLASS | | | | | | |
| ANDERSON, JAMES D 1614 | | 514-320000 | | | | | | |
| Change of correspondent CFR 1.363). | ce address or indication | 2. For printing on the patent front page, list Seth D. Levy | | | | | | |
| Change of correspon | dence address (or Cha | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Davis Wright Tremain | | | | | naine | |
| "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | |
| 3. ASSIGNEE NAME ANI | D RESIDENCE DATA | TO BE PRINTED ON | THE PATENT (print or I | урс) | | | | , |
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| Cedars-Sinai Medical Center Los Angeles, California | | | | | | | | |
| Please check the appropriat | e assignee category or | categories (will not be pr | inted on the patent): | Individual 🗱 Co | orporation or | other private grou | ap entity 🔲 Governm | ient |
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| interest as shown by the rec | ords of the United State | es Patent and Trademark | Office. | | | | | |
| Authorized Signature | | Date July 2, 2008 | | | | | | |
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